

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034370

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 2324

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 19 1963

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kirkwood

Length of stay in 1b

3 Months

c. FULL NAME OF (If NOT in hospital, give location)

Chastain Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR

TOWN

Kirkwood

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

813 Doerwood Ct.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLES

E

FISHER

Date of

4. DATE
OF
DEATH

Month

Day

Year

July

21

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

9/6/73

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

Ret. Division Manager

10b. KIND OF BUSINESS OR INDUSTRY

DuPont Chemical Co.

11. BIRTHPLACE (City and state or country)

Titusville, Penn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edw. D. Fisher

13b. MOTHER'S MAIDEN NAME

Mary Ann Treadwell

14. NAME OF HUSBAND OR WIFE

Florence D. Fisher, (Dec'd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles N. Fisher, 9628 Meadow Lane.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN
ONSET AND DEATH

7/20/63

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardiac Insufficiency

DUE TO (c)

Arterio sclerotic Heart Disease

7/21/63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1962

to July 21, 1963 and last saw him alive on July 20, 1963

Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Angelo A. Spens MD.

(Deceased or title)

22b. ADDRESS

9313 Manchester Rd

22c. DATE SIGNED

7/22/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Cremation

23b. DATE

7/24/63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

Bopp Chapel, Kirkwood, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-22-63

26. REGISTRAR'S SIGNATURE

John E. Murphy MD.

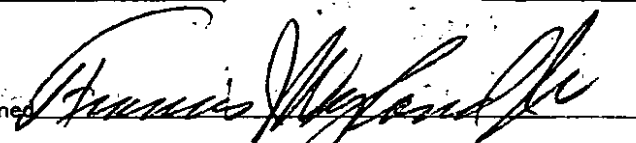
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4512

P. O. Address Richmond, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.